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This issue of "Emphasis" deals with families in transition, providing some model programs for the new family and some historical perspectives on how families have developed over time. Articles include: (1) "Nostalgia on the Right" (Nancy Theriot); (2) "Heart to Heart" (Nancy Harrington-MacLennan); (3) "The Media Get the Message" (Janet Alyn); (4) "Changing Families, Changing Responses" (Linda Lipton); (5) "Straight Talk" (Debby Goodman and Billeye Medlock); (6) "Anatomy of a Conference" (Pam Quattrini); (7) "Close-Up: Dr. Lee Salk" (Michael McGee); (8) "Creating a Community Voice" (Jennifer S. Shaw); (9) "Stressing the Family" (Lynn Barnhardt); (10) "Stepping In" (Bud Moravetz); (11) "Lograremos" (Lucas Stang); (12) "Talking Trends" (Claudia Wisnefski and Dawn Caballero); and (13) "Home and School: A Healthy Combination" (Dawn Kleinman). (NB)

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EMPHASIS

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Families in Transition

The American family as a social unit has changed in character over the years. Agencies that offer services to families seek to serve them in caring and positive ways. This issue of Emphasis *provides some model programs for the new family and some historical perspectives on how families have developed over time.*

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EMPHASIS

Highlighting people and programs in the field of sexuality and population education.
Planned Parenthood Federation of America, Inc.

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from the editors

As we move into the new year we are pleased to bring you this Emphasis, *highlighting the changing American family. This issue talks about many of the important issues facing American families today – it shows how they attempt to manage the often conflicting demands created by family members' societal roles and how parents are challenged to communicate successfully with their children about sexuality.*

Our next issue of Emphasis *will be certain to spark some thoughts and, we hope, actions. Its focus is on the politicization of sexuality education, a timely issue that is now being addressed in multiple arenas. The magazine will illustrate national trends, local programs and initiatives in this direction.*

As always, we encourage you to contact us with new ideas for topics to be included in the Emphasis Subscriber Service.

Patti & Mike

The editors

In Perspective

BY SUSAN NEWCOMER, PHD

The "evil stepmother" was part of Western folk culture long before she was featured in Cinderella and Snow White. Whether or not she got a bad rap in these stories, the fact is clear that stepfamilies are different– and that there can be problems when two families merge together. Many of us grew up in the so-called "traditional" family that was comprised of a mother who stayed at home and cared for the house and children, a father who worked outside the home five days a week, and children who were relatively content in this constellation of family roles. There are conservative moralists today who assert that this family model was appropriately in the majority twenty or thirty years ago and that we must do all we can to make today's families in the image and likeness of that "traditional" model. Too often, I think, social service professionals respond to this conservatizing pull by designing educational or other program services to make their clients conform to this family form.

In the world around us, however, families come in many shapes and sizes. The definition of "family" has broadened considerably. In this issue of *Emphasis,* we consider "family" to encompass a broad range of ways that people live together. Some families are, as Nancy Theriot mentions, havens in a heartless world, and some, sadly, are the reasons that young people search for means of escape into that world. Several of the articles in this issue of *Emphasis* list statistics on the numbers of different types of households in this country. To put all those data into one place, here is a listing of the percent of families of different types.

The number of unmarried couples living together has leveled off at about 1.9 million after rising sharply in recent years, confirming a preliminary finding issued a year ago. The new figures are expected to show a small increase for 1986.

Twenty-three percent of all children under the age of 18 live with only one parent. In 1960 the number of children in such families was 9 percent and in 1970 it was 12 percent.

There were 128 divorced people for every 1,000 married people, up from 47 for every 1,000 in 1970. The ratio for men is 103, as compared to 153 for women, because men are more likely to remarry after divorce and do so sooner than women.

More than one American adult in ten lives alone, triple the number since 1960, although the rate of increase slowed in recent years as tighter economic conditions discouraged young people from setting up their own households.

Among people 18 to 24 years old, 60 percent of the men and 48 percent of the women still lived either at home with their parents or in college dormitories. That figure is up from 52 percent of the men and 35 percent of the women in 1960.

Source: U.S. Dept. of Commerce, Bureau of the Census. "Marital Status and Living Arrangements: March 1985."

Current Population Reports, Series P-20, no. 410, November 1986.

Obviously, if the number of divorces continues to increase, it is likely that the number of blended families will increase, and the numbers of children who spend some time with a single parent will increase. So the assertion of conservative "profamily" groups that families are going through a period of adjustment and that things will go back to a "traditional" model is absurd.

Since the world is changing, the ways that children learn about sex

is changing too. Societal influences, from the media to schools, to the changing forms of the family– all play a role in making sexuality education different today than ever before. In a mother-headed single parent household, there may be no available "father" for a father-son talk (assuming that the father-son talk about sexuality actually takes place when Dad's around). And Mother may wish for some how-to-do-it help. Claudia Wisnefski and Dawn Caballero talk about programs to do just that.

Blended families are not new. It used to be that a mother died in childbirth and a father with many small children needed someone to replace her to tend the children and the house. Today, the experience of families coming apart and reforming with different members can be enormously conflicting. The

emotional wrenching a family goes through in divorce can be of crisis proportions. Some external assistance in sorting out the messages about sex and sexual behavior as two families and two traditions blend is offered by PP of Marin's "Heart-To-Heart" program.

The editors of *Emphasis* are not above making assumptions about families and shared work. In our last issue, we credited Steve Allen, Jr. with writing "Retreat, Country Style." In fact, it was Andrea Parrott, his wife, who jointly designed the program with him and who was the primary author. We apologize for the error. ◆

Nostalgia on the Right

BY NANCY THERIOT

Editor's Note: **The changing American family is obviously of profound interest to us as family life educators. It is also the focus of the right-to-life movement and the whole spectrum of conservative and right-wing organizations. The following essay which we have abridged, with permission from the author, is a provocative examination of our understanding of "family" and how our opposition uses the family in its agenda for "a moral America."**

There are few words in the English language so commonly used, imprecise, and emotion-filled as *family*. From the time we are pre-schoolers we speak of our family as a special group of people, and on through adulthood we refer to "family ties," "family businesses," "family emergencies," and "family jokes." In addition to seeing "family" as our own, we also recognize the term as a kind of generic concept for human kinship. This is the basic-unit-of-society definition of "The Family," which seems to be permanent, ideal, never-changing, and which seems, curiously, to have more reality than our own personal family. Within the last few years, "The Family" has become the political focus for the New Right, a coalition of political conservatives and fundamentalist religious activists. Calling itself a "pro-family" movement, the New Right has initiated and lobbied for legislation which threatens civil liberties in general, and seriously challenges many human rights gains of the past decade. Much of the argument and appeal of this group centers on its mystification of "The Family." The New Right insists that the "real" American Family is one particular type of arrangement, rooted in nature, and that any variety represents pathological deviation from the norm. They also assume that this Family was always the basic unit of American society, with lineage traceable to the signers of the Declaration of Independence, if not to the Mayflower itself. Finally, the New Right argues that "The Family" is good for society, good for its members, and worthy of "protection" against unnatural cultural forces and deviant individuals plotting its demise.

Because family is a significant experience for each individual, ideological use of the word is an effective tool. It is important that those of us who oppose the New Right demystify family in our minds and communicate a clear understanding to others.

From the Right

The New Right's all-American family consists of a father-provider, mother-nurturer, and two obedient children, ideally a boy and a girl. This image is most often seen as white and suburban, but a Black suburban variety is becoming more common, so that social class rather than racial group is the defining characteristic of the ideal family. The father-provider has a secure middle-income job, relatively untouched by such harsh realities as unemployment or inflation; the mother-nurturer is free to devote all of her time and imagination to unpaid homemaking and childcare. While the provider has more prestige and power than the nurturer within and outside of the family, both are convinced that their roles are biologically natural, socially essential, and, above all, mutual. The children of this efficient, well-balanced commonwealth are grateful for their father's wise discipline and financial provision and for their mother's selfless devotion to their personal needs. These children never show, nor feel, disrespect or anxiety because they are confident that their parents' decisions, regulations, and chastisements are prompted by the children's best interests.

The "Real American Family" provides individual nurturance, satisfying relationships, and sheltered privacy. It is well-ordered, secure, and permanent, and its members are cared for and sure of themselves. Sexual and intergenerational relationships are smooth and conflict-free. Such a family is a buffer between the individual and society, a "haven in a heartless world," a private space where neither government nor uninvited neighbors can interfere. The New Right's idealized family is a symbol and a hope. It embodies sacred, rarely-challenged prescriptions about power and gender: the naturalness of male rule, sexual polarity, and monogamous heterosexual coupling. It also expresses the collective hope that order and community, peace and nurturance are obtainable within a certain structure– patriarchal, nuclear bonding.

More than the distorted view of a few reactionaries, the idealized family represents a very common notion of what family is or should be. While we certainly see expressions of this family in the literature of the New Right, we also see it in television programming and commercials, on billboards, in magazines, and in the daily press. Children come into contact with the idealized family in textbooks, and in "general audience" movies. Although the New Right uses the concept effectively to further its "blueprint for a moral America," the family is more than right-wing propaganda; it is woven into the fabric of popular culture.

Myth versus reality

The most striking difference between the ideal family and the family of experience is in the wife/mother role. In both "intact" and "reformed" families, the traditional wife/mother role is rarely a full-time, full-life job. Since the present fertility rate is less than two children per adult female, reproduction and child-rearing are not as life consuming as the ideal suggests. Furthermore, a modern American woman does not usually devote all her time to her domestic role. More than three-quarters of married women, half of them with school-age children, have wage-earning jobs. So most housewife/mothers spend much of the day outside of the "private sphere" of the family.

It appears that only 13.5 percent of modern families even remotely resemble the external structure of the ideal family: father-provider, full-time mother-nurturer, two or

three children. How do we account for the popularity of an image which is so out of touch with the real lives of most of its adherents? What is the relationship between the actual American family and the "Real American Family?"

For most Americans, the "question of family" is really a question about adults and children. Defining the family as a child-raising unit is not the same as defining the family as nuclear and heterosexual; children are raised in a variety of family forms. But once we decide that family is based on children, we can move past semantic arguments and get to the heart of the matter.

Human family

So much of what is "individual" about each of us has its origin within family and so many intimate, seemingly unique human experiences occur in family that the concept is loaded and fuzzy. The human family is the social organization of sexuality, reproduction, and survival. It is both biological and cultural, "natural" and historically contingent, public and private. In our discussion of the New Right's idea of family, we need to understand each of these apparent contradictions in the concept itself.

The New Right claims that family is natural and that sexual roles are dictated by biological necessity. In order to recognize this as half-truth, we must first be able to see the truth of the statement. The family of experience indeed involves physical processes which are common to all animals. Inasmuch as sex and reproduction are biological happenings, there is something "natural," in accordance with nature, about family. But because we humans symbolize and communicate about ourselves and our world, the biological events of family are never outside of culture. Our very experience of biology is contained in a cultural setting; the most basic physical experiences (sex, reproduction, food ingestion, elimination of bodily wastes) are shaped by historical time and geographic space – that is, by the variety of human culture. Family is also biological and social in that we learn the cultural meaning of body within some kind of family. We are socialized into gender roles, sexual mores, and reproductive expectations within a family structure. Family, then, is a blurring of physical and cultural experiences and the place where that blur is passed on to the next generation.

Because the family of experience is biological as well as cultural, it is tempting to view it as outside of history. People on both sides of the political spectrum fall into this fallacy. The New Right claims that the partriarchal nuclear family is natural and beyond history. On the left, even Engels, in his essay on the origins of family, assumed that patriarchal structure was somehow transhistorical in that it developed "naturally" from private property. It is important that we examine this assumption. The monogamous, heterosexual, nuclear family in which men have power over women and children is a historical, not a natural, development.

As the family of experience is historical rather than natural, it changes over time in direct relationship to other social and economic developments. While this is indeed historically evident, the concept of family as "private" deserves close scrutiny. According to this vision the world and the family occupy separate spheres such that one (the world) can change constantly while the other (the family) remains static and stable. This is a denial of the cultural, historical nature of the family and an assertion that family is exclusively biological and natural. The public/private split, the sense of family as separate from the world, is a popular idea.

Legislative "reform"

The New Right bases its pro-family position on this public/private split and articulates its concern about the private family in a package of legislative "reform" commonly known as the "Family Protection Act." Right-wing ideologues maintain that family is a private experience and a private institution, and so government and community should stay out of "family matters," such as domestic violence, child abuse, unwanted pregnancies – just to name a few. In addition, the New Right wants the government to help protect the privacy of families by providing tax breaks for private schools so that families can privately choose them, by reinstating prayer in public schools so that families can privately decide whether or not their children will pray, by eliminating sexuality education programs and contraceptive options for minors so that families can privately control their children's sexuality, and by banning certain individuals and reading materials from school systems and libraries so that families can privately judge the best influence on their children. These are only a sample of the issues the New Right see as within the very "private" domain of family.

People across the political spectrum want to see family and world as separate, want to believe that the public and private are mutually exclusive realms of human experience. Even if we are conscious of changes in our own families over time, even if we see clearly how social options such as child care have altered family patterns, even if we are totally aware of the impact on family life of married women's entry into the labor force, still we cling to the idea that family is private.

"The New Right claims that family is natural and that sexual roles are dictated by biological necessity."

Family in society

It is precisely because family connects the personal and political and forms a bridge between the individual and the social that the ideology of family thrives. Like the family of experience, the idealized family is in history and changes over time. It is wrong to assume that the idealized family is an invention of the New Right; they make use of it as a symbol, but its creation is a common effort. The ideology of family expresses our deepest anxiety about surviving economic, social, and cultural change.

The idealized family of the 1980s represents a backward glance to an imagined past which was less complicated and more secure. The New Right and the American people in general do not believe that the "Real Family" exists for the majority, but that it once did, that things were more comfortable and reasonable in that past time, and that restoring "The Family" will bring back that earlier security and human closeness.

White middle-class experience of dramatic social change triggered the idealization of family in the nineteenth century; today, white middle-class fear of uncontrollable social, economic, and cultural forces prompts a general nostalgia for a past that never was, a half-invented and half-hoped-for memory of family tranquility.

Nancy Theriot holds a Ph.D. in American Studies from the University of New Mexico, where she taught in the Women's Studies Program. She is now Assistant Professor in the History Department at the University of Louisville. This essay is excerpted from Nostalgia on the Right: Historical Roots of the Idealized Family, *published by Midwest Research. Used with permission.* ◆

Heart to Heart

BY NANCY HARRINGTON-MACLENNAN

The changing shapes of the family spurred the development of this program and guidebook.

The American family is changing. The familiar two-parent nuclear arrangement now seems to be the exception rather than the rule. Divorce, single parenting and remarriage are important defining factors for family structure today. These "blended" family compositions continue to offer many challenges to parents and their children.

In 1982, in response to this changing pattern, Planned Parenthood of Marin and Sonoma (PPMS), located in San Rafael, California, developed the *Heart-to-Heart* project in conjunction with the Family Service Agency of Marin. The project was funded by a two-year grant from the California State Office of Family Planning. Heart-to-Heart was designed to enhance communication regarding sexuality and relationships within divorced and single-parent families.

Participants in the project included single, divorced and remarried parents, stepparents, young people, extended family members and representatives of community social service agencies. Topics ranged from interpersonal relationships and communication techniques to reproductive anatomy, physiology, and family planning. Sessions were scheduled in the evenings or on weekends so that all family members could attend. Although many sessions were held for two or three hours, others took place over several days. Material was presented through lectures, small or large group discussions, group participation activities, or by assigning "family homework."

Multiple audiences

Workshops were designed for a broad spectrum of various target groups. For families, weekend retreats provided the opportunity to "get away from it all" while learning and working together to understand family dynamics. The retreats took place in various wilderness areas, and were co-sponsored by an outdoor education group. Heart-to-Heart staff presented classroom and evening workshops for young people, ages 9-17. Members of local organizations, such as Parents Without Partners and Unitarian Singles, participated in the program. Members of a local group, Men of Marin, attended a training to address issues and difficulties experienced by single fathers. Workshops for parents in blended families allowed participants to learn about new ways to communicate with each other and with their children. The needs of Hispanic families were addressed by bilingual staff with the assistance of an Hispanic priest and an Hispanic physician. Workshops were held in Peer Education Classes in senior high schools to help young people counsel their peers about issues surrounding blended families. Representatives of 27 local agencies participated in workshops. The Home Economics Association of San Francisco State University and the Fireman's Fund Insurance Company were provided with on-site trainings.

The project coordinator of Heart-to-Heart, Robert Sayers, is a developmental and organizational psychologist. Mr. Sayers brought to the project his extensive experience as a consultant and coordinator of various parent/child and "fathering" programs. A half-time family educator assisted him in facilitating the workshops.

The budget for the Heart-to-Heart program was $42,000 per year for two years. Funding was provided by the California State Office of Family Planning, under a special information and education grant. Salaries, wages and benefits comprised 85% of the budget. The remaining 15% was used for operating expenses and equipment. Consultants representing many areas of expertise provided services to the program free of charge.

PPMS publicized its Heart-to-Heart program through community mailings, press releases and public service announcements. In addition, a panel of three adults and three young people from blended families participated in a radio interview show and a television talk show.

In many ways, Heart-to-Heart was a unique program. The workshops provided a non-threatening environment for learning for individuals and for families. Young people's opinions and concerns were given equal importance with those of their parents. Divorced or separated couples were sometimes in the same groups to discuss co-parenting issues. Sexuality was handled as a family issue instead of an adolescent issue as it is so often considered.

Additional tools

Even though program funding was discontinued in 1984, a booklet and a videotape were developed, which have ensured continuation of the program's objectives. *Changing Shapes of the Family* is an adult's and children's guide to dealing with new family forms and changing relationships. This "two-in-one" booklet is especially designed for members of blended and single-parent families to give practical information about relationships, effective communication, and sexuality. One side contains an adult version, and by flipping it over, young people can find their own special version. In the adult's half of the book, guidelines for two-home parenting, remarriage, stepparenting, sexuality, conflict, values, child development, communication, and suggested books and resources are covered. In the young person's portion, family changes, divorce, young people's rights and responsibilities within the new family structure, stepparents and stepsiblings, communication about relationships, values, and sexuality are discussed.

The guidebook is designed for use by the entire family to promote discussion and sharing about issues that are difficult to express. Since it was first published in 1985, PPMS has sold 2,000 copies of *Changing Shapes of the Family.*

That Family Feeling is a 30-minute videotape that dramatizes two different blended family situations. One scenario portrays a 14-year-old girl whose parents are divorced and having new relationships, and the other focuses on a newly married couple with three children from previous marriages.

This resource addresses the confusion, resentment, and sensitivity most often experienced in such families. *That Family Feeling* has been made available to schools and agencies in the community, and is also used to train volunteer speakers and new board members.

The Heart-to-Heart program was a valuable source of information for blended families and service providers. It continues to be used as a model for the development of new family support programs in the community and beyond.

Nancy E. Harrington-MacLennan, B.A., M.A., a stepmother for thirteen years, is the Director of Education at Planned Parenthood of Marin and Sonoma. She has been an educator in the field of biology and reproductive health at secondary and college levels. For more information contact her at Planned Parenthood of Marin and Sonoma, 20 H Street, San Rafael, CA 94901. ◆

The Media Get the Message

BY JANET ALYN

Educational panel on rock 'n' roll music spurs a lively forum for Texas families.

"Rock music is our number one enemy," said the youth minister of a local church, quoted in a San Antonio newspaper. In the same newspaper, Ann Landers polled her readers. Less than two percent of them said they believed rock music had a negative influence on teens. People magazine's cover story pitted the Parents Music Resource Center, which calls for music ratings similar to movie ratings, against rock musicians and asked the question, "Has rock music gone too far?"

This rock music controversy came to the public eye in the months preceding 1985's National Family Sexuality Education Month, and in this environment, Planned Parenthood of San Antonio (PPSA) held a public forum titled, "How to Talk With Your Kids About Rock 'N Roll." The goals of this program were to provide an opportunity for parents and their teens to discuss the often sexually explicit lyrics of rock music, and to encourage family communication.

First concept

Original plans for the forum called for a panel representing musicians, psychologists, and sociologists to discuss rock music from their different perspectives and to answer questions such as, "Do teens really hear the lyrics to today's songs, or do they only listen to the beat?" and "Does repeated listening to rock music have negative effects on teen behavior?"

The forum was not to be a debate. The plan called for suggesting specific techniques and examples of how parents and their teens could use popular music as a vehicle for opening family communication and conveying family values.

Two university professors agreed to participate, but four rock music radio stations declined to allow their representatives to serve on the panel, saying they preferred to "avoid the controversy." Two musicians (one of them the local chapter president of the Texas Musicians Association) agreed to represent performers, and a popular radio talk show hostess accepted the role of moderator.

San Antonio Community College offered an auditorium and audiovisual equipment, and advertised the forum to their faculty and student body. PPSA sent press releases to newspapers, TV and radio stations, and a local bookstore agreed to display and sell books on communication and sexuality, donating ten percent of the proceeds to PPSA. "Tips for Talking With Kids" handouts were prepared for audience distribution.

A context of controversy

As the date of the rock 'n roll forum approached, the city of San Antonio became involved in the rock music issue. The City Council held heated debates culminating in the passage of a city ordinance setting an age limit for attendance at rock concerts. Teens under thirteen years of age would not be admitted to rock concerts held in city-managed facilities unless the teens were accompanied by a parent. This seemingly innocuous ruling brought cries of "censorship" and "protect our children," and brought rock music to the front page of the local newspapers. It also affected the PPSA family communication event.

It was apparent from the panelists' opening remarks that each one had definite views on the effects of rock music, and each panelist wanted his views heard. Despite valiant efforts of the moderator to direct the discussion toward parent-teen communication, the censorship-versus-freedom issue held greater appeal than talking with kids about sex; and the panel repeatedly reverted to the more volatile issue. When audience questions were called for, it became evident that the people in attendance also represented the two extremes of the censorship-versus-freedom continuum, and the debate continued. Little was said during the evening about discussing lyrics around the family dinner table.

Media attention

Although the audience itself was small, the media gave the event full coverage. The NBC-TV affiliate carried a full segment on the ten o'clock news broadcast. The PBS station devoted a thirty-minute program to the issue and filmed the entire forum. Both newspapers in the city covered the event, and two radio stations broadcast interviews with participants. Because of this, a much larger audience was reached than had been anticipated, and the Planned Parenthood name appeared repeatedly on radio, television, and in print. In addition, PPSA was singled out in all the reporting as the only group in town offering positive ways to deal with sexually explicit lyrics.

PPSA's efforts to bring parents and teens together to talk about sex and the media became a media event on its own. Significant numbers of parents and their teens did not attend – many reporters and their cameras did. The forum was highly successful as a public awareness program, reaching many more people through the media than had been envisioned. As for the parents and teens who were the intended audience, perhaps they had decided rock music was not their "number one enemy" and were at home listening to the beat.

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Changing Families, Changing Responses

BY LINDA LIPTON

A variety of services for differing types of families are offered by this national coalition.

Raising children has always been challenging. Traditionally, the father supported the family and the mother was the homemaker and primarily responsible for childrearing. Extended family members were available for support and guidance. Today, that picture is changing. Forty-seven percent of mothers with young children and 63 percent of mothers with school-aged children work outside the home; and by 1995, more than 80 percent of women between the ages of 25 and 44 are expected to be working outside the home. Three-fifths of children born this year will spend at least part of their childhood in a single-parent family. Such families, 90 percent of which are headed by a female, account for more than one out of five families with children.

Recent changes in American culture have also increased the complexity of raising children. Messages conveyed by the media about sexuality, use of drugs, and violence are frequently in direct conflict with values parents would like to teach. And what should be a positive factor – our increased knowledge of child development gained through research over the past few decades – actually makes many feel more anxious about their ability to parent, as they experience an overload of "expert" opinions on childrearing.

Responding to these developments, community-based programs began to form in the mid-1970s to provide services to assist parents in their childrearing roles and to strengthen family life. Unlike traditional social service programs, which provided treatment for dysfunctional or multi-problem families, family resource programs offer prevention-oriented information, support, and resources to all families. Today thousands of programs exist throughout the United States.

Changing responses

Because so many family resource programs were started by parents, they have been categorized as grassroots efforts to respond to the needs and concerns of contemporary American families. Their appearance in diverse ethnic, economic, and geographic areas is a strong demonstration of the need that all parents have to affirm their parenting role and to be supportive of other parents in the process.

Family resource programs serve every type of family imaginable, in nearly every type of community. Programs such as the Single Parent Family Advocacy Network in Hawaii, and the Single Parent Family Project in New York, help single parents act as advocates for themselves in order to promote policies that support the needs of single parents and their children. Other examples – the Parent's Place in Lexington, Kentucky; the Family Resource Center in San Antonio; and Coping with the Overall Pregnancy/Parenting Experience (COPE) in Boston – represent just a few of the growing number of programs that provide groups and classes for working parents, many in the workplace. Through their 62 chapters, the Stepfamily Association of America promotes the establishment of discussion and support groups for stepparents and their children. Drop-in centers like Family Focus in Chicago, Parentcraft in Albuquerque, and Parent's Place in San Francisco, provide opportunities for new parents and parents of young children to meet and network with others in an informal setting. The Families United Network in Denver works to strengthen families with a particular focus upon reducing the incidence of alcohol and drug abuse among school-aged children. The Family Tree Parenting Center in Lafayette, Louisiana offers more than 300 seminars and workshops for parents each year, including one titled "Families: Dealing With Our Changing World." Through this series, parents learn how to monitor the influence of the media upon children, encourage non-violent values, and nurture their children to be caring individuals.

Although hallmarked by diversity, family resource programs also have several distinguishing and unifying characteristics:

A positive family focus. Based on mounting theoretical and empirical evidence, they work with the family as a whole, building on family strengths rather than meeting deficits of individual family members.

A preventive approach. Unlike conventional social services, they serve families before their needs become acute, reducing the need for later interventions at greater financial and social cost.

An emphasis on informal support systems. While using professionals to provide important training and back-up, they acknowledge significant roles for volunteers and family members; this reduces dependence on professionals and reemphasizes the capability of individuals and the power of peer support and networking.

A community-based structure. Serving as a liaison between families and larger, established institutions, they reflect local values. Without a heavy bureaucratic structure they are also flexible enough to meet changing community needs.

A variety of services are provided by family resource programs. Some offer parent education classes, information and referral, peer support groups, parent-child joint activities, or the availability of a drop-in center. Others operate "warm lines" or "hotlines," provide home visitors or parent aides, and may focus on health care, crisis intervention, or advocacy. Their settings are equally diverse; schools, mental health centers, churches, hospitals, community centers, day care facilities, military bases, libraries, and private homes, to name a few.

The Family Resource Coalition

In May 1981, representatives from 22 states, concerned about the changing needs of the American family, attended a conference in Chicago. Convinced that families were experiencing high stress and isolation, they came to share information about their family support programs and to make connections with other people in this developing field. It was a grassroots conference, imbued with all the spirit of a new movement. The group resolved to create a national organization to bring greater attention to the needs of American families and to foster the improvement and development of family support programs.

The Family Resource Coalition (FRC) is the organization they formed. Now with 2,000 members nationwide, FRC is organizing local and regional program networks to promote the exchange of information among members and prevent the duplication of efforts within communities. The FRC educates the public about the effectiveness and importance of preventive, community-based support for families and children by sponsoring local, regional, and national conferences, workshops, and seminars. The Coalition also maintains the nation's largest database about such programs, making information available to members, researchers, academicians, policymakers, writers, and the general public.

Consultation and technical assistance to existing prevention programs, and to community groups and organizations wanting to start new programs, is a key part of the Family Resource Coalition's agenda. Through its written and audiovisual materials, including its periodical *FRC Report,* the Coalition provides resources that define and encourage the development of prevention programs for parents and their children. For example, FRC's *Working With Teen Parents: A Survey of Positive Approaches* describes nearly 40 programs that have made substantial inroads in this sensitive area of service delivery. Highlights include ways to ensure teen participation in a program, select and train volunteers for key roles, build community support for teen services and pregnancy prevention

efforts, and coordinate comprehensive services.

The Coalition has recently released two books and a video presentation designed to spur and refine the development of programs that assist parents in their childrearing roles. Intended for community leaders, parent groups, and social service, education, and health providers, this "Knowledge Transfer Package" has three elements which can be used together or separately:

The Family Resource Movement: Changing Families/Changing Responses is a 15-minute video that illustrates the diversity of American families, the difficulties they face in raising children, and the ways in which family resource programs are meeting their needs for support and information.

The Family Resource Program Builder: Blueprints for Designing and Operating Programs for Parents is a basic primer that provides a history of the family resource movement and a discussion of the theoretical and research bases for these parent education and support services.

Building Strong Foundations: Evaluation Strategies for Family Resource Programs is a manual that takes the reader through each step of the evaluation process suggesting approaches for selecting appropriate methods, setting realistic goals and objectives, and assuring accountability.

At FRC's first national conference, held in September 1986, the family resource movement was heralded as one that is typically American. "It reflects what is best in our ethos," said Edward Zigler, Professor of Psychology at Yale University. "We don't sit idly by waiting for others to solve our problems for us, but we roll up our sleeves and go to work." Many of the 800 people present had struggled in obscurity– and alone– to help American families in distress. Bringing together family program administrators, community resource professionals, academicians, public policymakers, educators, corporate executives, mental health professionals, and foundation officers from 49 states, Canada, Australia, and Bermuda, the conference was a kick-off to an intensified public education campaign about family resource programming nationwide.

Linda Lipton, J.D., is Executive Director of the Family Resource Coalition. Since its incorporation in 1982, she has directed the development of this new national organization, representing parent education and support programs across the country. For more information contact her at FRC, 230 North Michigan Avenue, Suite 1625, Chicago, IL 60601. ◆

Straight Talk

BY DEBBY GOODMAN AND BILLEYE MEDLOCK

To illustrate the value of the Straight Talk program for parents, one facilitator shares her personal story.

In 1981, Planned Parenthood of Central Oklahoma (PPCO) began parent-child communication workshops entitled "Girl Talk," which were developed to increase family communication about sexuality. In 1983 PPCO further expanded its focus, and renamed the program "Straight Talk" (ST). After training 15 people from the community to lead the workshops, the organization committed itself to serving the needs of the parents who participated in the program as well as the young people. For example, in addition to using the model of children interviewing their parents about how it was when the parents were younger, the parents also ask their children how it is for young people who are now dealing with their sexuality. This allows parents to learn from their children as well as the other way around.

Program content

The program is concerned with family systems – how both parents and children are changing (not only the teenagers), self-esteem, adolescent development, and sexual behavior. In each of these topic areas there are exercises in communication, often with audiovisual materials, that encourage and model good communication skills.

In the last year, 30 parents have been trained to lead workshops in the Oklahoma City area. The training is divided into two components: (1) a lecture series of at least 20 hours of classroom experience, which uses the study guide, and which focuses on male/female sexuality, teen sexuality, sexual response, and facilitating skills; and (2) observing/participating in the work shops.

PPCO initially designed a program to train qualified people to lead the ST workshops and ended up with a group of facilitators who represented a microcosm of the changing American family. It took some time to recognize the gift that this varied group brought to PPCO. The story of Billeye Medlock is a particularly good example of the richness of "people resources" that were available for the Straight Talk program.

Personal experience

On her application Billeye said she wanted to be in the facilitator training program because she thought ST "was important to the education of children and their parents." She knew that the ST curriculum was designed to increase family communication and that both the parents and children would profit from the sexuality education activities in ST. Billeye was a single mother who would soon graduate from a local university. She had been actively involved in working in the chemical dependency area and was herself a recovering alcoholic.

Soon after she completed the lecture series, the reading and testing requirements in the ST training, PPCO set up an ST program for a support group Billeye was in. When Billeye and PPCO staff were preparing to lead the group, she said, "This weekend was the first time in a long time (and maybe the first time in my whole life) that I have felt like I did what I wanted to do and not what somebody else wanted me to do. I believe it is partly due to the ST training that I have become more aware of my own values, my own identity, and what I believe in. So when what I wanted to do was in conflict with what my friend wanted to do, it felt really good for me to go with what I wanted! And I believe I am beginning to live my life more and more like this now."

When asked specifically what parts of the ST training had helped her, she said, "Well, I began to question myself, 'How can I tell somebody that for their own health they need to make responsible decisions if I'm not making responsible decisions

myself? How can I tell people to be firm with their own values and understand what they believe if I am not clear with my own beliefs?' In other words, I decided to do something about 'Talking the talk and not walking the walk.'"

Needless to say, Billeye's experiences bring invaluable insights to her work with groups on chemical dependency. She knows who to contact, how to contact them, and what they want to know. Because of her personal struggle, she has been extremely important in helping to reach a group PPCO had been unable to reach before.

"When I came to Planned Parenthood, it was strictly to fulfill a three-hour practicum requirement for school. Little did I know what an impact it would make on my life. I had studied several courses in college which taught about the rising problem of teenage pregnancy, and how education had been helping to make a difference. Little did I know how much my life had been affected by the lack of sexual knowledge. I also had other problems . . .among them low self-esteem and alcoholism. The more I've studied sexuality education, the more I've learned about myself and my responsibilities.

"I believe it is partly due to the ST training that I have become more aware of my own value, my own identity, and what I believe in."

"As I got help with my alcoholism, my life changed drastically. I decided to go back to college and get a degree in a helping profession, to work with battered women and chemically dependent families. As I studied sexuality education, I realized how, at 32 years of age, I was still acting like a teenager . . . not taking responsibility for myself and my own sexual life. With this newly acquired self knowledge, I started visiting my recovering friends and found we all seemed to share a lack of sexuality education, and a lot of us were not changing much in the sexual areas of our lives. I said I would be interested in co-teaching an all-adult group who had chemical dependency problems. It turned out to be very successful and everyone in the first group asked for an additional program."

Benefits noted

"It finally made me take responsibility for my own actions and to look at my own sexual conduct. I now realize that my parents did the best they could, but that I am now responsible for my own sexuality education. I realize that before I can teach someone else to take responsibility for their sexual conduct, I must take responsibility for mine. I am grateful that, as a 35-year-old woman, and the mother of a teenager, I have become a responsible adult. I hope I can teach to others what Straight Talk has taught me about responsibility and healthy sexual conduct!"

Indeed Billeye's experience is not unlike that of other parents in conducting the Straight Talk program. We learn more about our own sexuality as we help others to learn about theirs. The PPCO Straight Talk program has encouraged the groups to "live the questions" when sometimes there are no easy answers. It has affirmed people's confusion about where they are sexually and supported them as they seek to become more clear. And the ST facilitators have contributed their experiences, which have allowed the affiliate to be more sensitive and effective in reaching out.

Debby Goodman, M.H.R., is an AASECT certified sex educator and Director of Education at PPCO. She helped to develop the Straight Talk program and is author of its curriculum guide. Contact her at PPCO, 619 NW 23, Oklahoma City, OK 73103.

Billeye Medlock recently received her B.A. from Central State University in Sociology. She is a certified Straight Talk facilitator and works as a volunteer at PPCO. ◆

Anatomy of a Conference

BY PAM QUATTRINI

This upstate New York PP designed a large scale conference to address diverse family issues.

A segment of Planned Parenthood of the Southern Tier's (PPST) education department action plan, designed to meet the goal of furthering sexuality education for people of all ages, calls for a yearly regional conference dealing with sexuality issues. On October 4, 1985, in conjunction with National Family Sexuality Education Month (NFSEM), PPST offered a conference to professionals and parents on sexuality issues concerning families. The NFSEM theme, "Kids Need to Know" was expanded to include the words "Families and Sexuality" for the title of the conference, as it is the belief of PPST that the ideal place for kids to learn about sex is in their families. To this end, PPST's education department staff is dedicated to actively assisting parents in being the primary sexuality educators for their children. The goal was to provide an opportunity to receive information and participate in discussions on sexuality issues within families. With this concept in mind, the education department staff put their collective creative energies to work to design such a program.

The first hurdle was, "What kind of families will be targeted?" Recognition of the variety of family forms existing among the PPST staff provided a starting place. The list of possible workshop topics grew as an effort was made to provide information important to all families and also to target some families that might have different issues or difficulties. The next step was to find presenters for a wide variety of issues. Brainstorming from mental lists of people we knew or had heard of resulted in several possible presenters who would meet the criteria of being professionals experienced with the designated topic, or people with first-hand personal experience with the issue, or preferably, persons who possessed both qualities. Then the telephone calls began. This is possibly the most difficult and frustrating part of putting a conference together as it often involves numerous calls to the same person over several weeks, or even months before dates, times, and topics are confirmed. For this reason, planning should begin at least six months in advance. All phone contacts are followed-up with a letter which includes a form stating the specifics of what is expected, fees, etc., to be signed by the presenter and returned.

Requests to present on a certain subject often bring queries of, "What other topics are being offered?," and sometimes a request will be made to do something other than what had been asked. Flexibility is the key word for conference planners! Using the people originally contacted as sources for names of others who have expertise in the subject is a sure-fire way of building a list of possible contacts far larger than can be generated inside one agency. Utilizing the skills of PPST staff is also a prime consideration. In the end, a fine list of workshop topics and skilled presenters had been generated:

Timothy Schapp, M.S., a therapist in private practice in Rochester, New York, with extensive experience in gay and lesbian issues, presented the workshop for "Families With Gay/Lesbian Members." He was asked to approach the topic from two perspectives– that of the gay/lesbian person and that of other family members.

Norman White, M.S., a member of a blended family and, at that time, working in a program for preschool children and their families, presented "His, Hers, Theirs: Sexuality Issues in Blended Families" and was asked to focus on issues specific to blended families, i.e., sexual attraction and/or behaviors between family members who are not biologically related and the impact of those issues on the formation of a new family unit.

"Sex and the Single Parent" was presented by Jim Paul, M.S., an educator for developmentally disabled children who has been a single parent to three sons for over five years. Areas of particular interest were dealing with children's feelings and fears when parents begin to date and how to manage sexuality as a single parent.

"New Roles for Fathers" had co-presenters: A. Barry Roessler, M.D., a pediatrician and father who shares parenting duties, and Brooks Eldredge-Martin, M.S., director of a solar energy projects business run from home, which allows him to be the primary house parent for his two children. This workshop allowed participants to reflect on relationships with their own fathers, examine societal attitudes toward male nurturing, and explore possibilities for adding new dimensions to the parent role they were presently filling.

The conference was held at Park Church, Elmira, New York, a beautiful and historic building with spaces to accommodate a large gathering as well as several smaller workshop groups. A short presentation by the Mimosa Imagination Theatre, a mime troupe from Syracuse, New York, was followed by morning and afternoon workshop sessions of 1½ hours in length. From past experience, it had been learned that shorter sessions did not allow participants to get to the "meat" of the material or have time for discussion. Immediately after lunch, a multi-media and live theatre presentation about the influence of the media on sexuality was staged, featuring the Mimosa Imagination Theatre.

Workshop presenters were responsible for developing outlines for their topics and providing any print resources they wished to use. PPST made copies of materials for participants. The outlines were mailed to PPST approximately two months in advance for evaluation and to provide material for publicity. Afternoon workshop presenters were given the responsibility of collecting written evaluation forms from participants. Presenters shared their expertise without charge, but were reimbursed for travel expenses and provided with lunch. The one exception was the Mimosa Troupe which received a fee, meals, and overnight accommodations.

Costs included those mentioned above, plus a building maintenance charge, snacks, and beverages for breaks, printing and mailing, supplies for participants, and an investment in resources available for purchase during the day. A $12.00 fee was charged each participant with a minimum number of registrations necessary by a deadline date before the conference was considered a "go." The financial goal was to at least cover costs, something that had not been achieved in the past because of costs incurred by providing lunch to participants. It was also noted that food was important in a psychological sense, as it can color participants feelings about the entire event. Presenters' fees are often the largest expense, but were not a primary consideration in this instance. A decision was made to have participants get lunch on their own outside the conference facility. It worked very well! Everyone was happy with the meal of their choice and PPST came out financially in the black for the first time.

Marketing was carried out by mailing brochures to health and human service agencies. Local television and radio stations and newspapers released coverage on NFSEM highlighting the conference, and announcements were placed on community calendars and bulletin boards. The news media also covered the conference as a local news item.

The 115 people who attended were largely helping professionals representing human service agencies with a handful of people present primarily as parents. Many of the human service agencies in PPST's service area have begun to see the annual conference as a unique training opportunity for staff and can be counted on to send as many people as possible.

Seventy-two written evaluations were received and the responses were overwhelmingly positive, with the wide range of topics and skills of the presenters being areas of particular approval. One piece of information gathered at this conference was that in view of the fact that many participants had attended more than one PPST's conference, there was interest expressed in more "in-depth" workshops. This was taken into consideration when

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Close-up: Dr. Lee Salk

INTERVIEWED BY MICHAEL MCGEE

Dr. Lee Salk is a nationally known child psychologist whose work with families is widely respected. For over 25 years, Dr. Salk has been a consultant to various institutions and clinics and has been a frequent lecturer to professional and general audiences. His monthly column "You and Your Family" has been featured in McCall's Magazine since 1972. He has appeared frequently on "Good Morning America" and many other programs, and written numerous professional papers as well as several popular books for parents. Dr. Salk has been a long time friend of Planned Parenthood and serves on the Federation's Board of Advocates. He shares his thoughts on the state of the family in America today in this interview with Michael McGee.

What do you think about the family in our changing society?

I think of the family in functional terms, not in structural terms. The notion that a family must consist of a mother, father and 1.7 children (or whatever the statistical number is nowadays), is nonsense. There are many so-called "intact" families that do not function adequately as families, and yet there are many, many single-parent families, extended families or other kinds of configurations which are absolutely perfectly functioning families.

The family is the key unit of our society within which individuals learn to come to terms with life's problems. It's within the family that we learn to love, gain self-esteem, learn to deal with our anger and with the stresses that will occur later on in life. A family is essentially a group of people who live under one roof and interact with one another – where they make decisions jointly, respect the individuality of one another, and are able to express their frustration and anger without being rejected for it. I think the idea that any family other than the mother-father-children model is a broken home is an absurdity. It's an antiquated notion and as ridiculous as the term "illegitimate child." All children are legitimate. The adults involved may have produced the child in an "illegitimate" context, but one should not label the child based on that.

In spite of the fact that the shape of the family may have changed, I think the family is here to stay.

What do you see as the greatest challenge for today's families?

I think that people are spending less time with one another and listening to one another less and less, and that worries me. Family members are not doing things together. To blame it on television is really unfair – although the TV set does bring murder into the living room, and other people's family problems and so on – it also has great positive potential. I think we have to master our technology. We have to learn to turn off the television set. We have to establish our priorities, and I think the major priority of our society should be our children – not military spending and so on.

Our children are going to be the decision-makers of the future. To neglect them in any way is potentially destructive to our society. Prisons are made up of people who were neglected, unloved and unwanted, whose emotional needs were not met.

My mission in life is to emphasize the importance of children. I think educational programs are essential to address this goal. People tend to think of children as potential problems and not as great satisfactions in life. I think the reason legislation doesn't support children's services is because we haven't "packaged" children properly. We've got to change their image and present them as serious human beings with feelings, concerns, anxieties and so on, who can be taught to be responsible. Children want to be responsible, but we don't give them enough opportunities to do so.

We're constantly in a process of evolution. Whether it be the sexual revolution or the women's movement, we're constantly going through social change. All of this is for the best, I think. It shakes up old ideas and makes us reevaluate things. That's why I'm delighted to be associated with Planned Parenthood – because it's an organization that can get to young people and deal with their anxieties and concerns in ways that parents very often cannot – or that society tells parents not to. People take the attitude that if we teach children about sexuality, we're saying "go have sex." Actually, statistics show it's quite the opposite. Responsibility is a crucial issue. People have to learn responsibility, but they have to be given a certain degree of independence first. They need to have somebody there to say "If you make a mistake, come to me and I'll help you." You don't develop responsibility by repressing them to the point where they can't learn. Children who go through educational experiences in a very repressive environment can't deal with freedom when they get out of that school.

The issues of teenage pregnancy, substance abuse and suicide are more a part of today's society than they were in the past. How do you account for this?

I think all these issues are related to the need for self- esteem. As an example, I would describe my own feeling of satisfaction and happiness when I've completed writing a book and see it in print. I feel good. When writing, however, I go through a lot of frustration, a lot of loneliness, and have to apply a lot of self-discipline to do it. It's a motivation from within. It's important that children have the kind of life experience where there is someone there to encourage them – to teach them about what a great sense of pride and accomplishment they will eventually feel when the job is completed, in spite of the frustration experienced in doing it. Children today don't have enough of that kind of support.

Everything is geared toward the quick fix. "If it hurts, take a pill," – the idea being that you shouldn't feel discomfort or stress. There's nothing wrong with stress or pressure. It's precisely those kinds of things that give you the opportunity to master them – to give you the skills to deal with them later on.

The children who are high risk for drug abuse are the ones who do not like themselves, who lack a sense of pride. When one has something they really care about, they take good care of it. It's the same way with people. If you don't like yourself, because nobody else has treated you as if you're worthwhile, or if there hasn't been anybody there to even respond to you, you don't take care of yourself. You don't care about nutrition, or about your body. The thing is to get children to like themselves, and the way to do that is to show them you like them. It's that kind of family support that gives a child the feeling of being important, of liking himself or herself, and learning how to cope with frustration that will serve to prevent drug abuse and teenage pregnancy.

Many of the teenagers I've spoken with have said that they want to be better parents than their parents were to them. They have the illusion that a baby will love them all the time, and that they will get the love they didn't get from other people. This is a teenager who wants to be important in someone else's life, so they have a baby, only to find out afterward that that baby has intense emotional needs too. And that leaves these children at risk for abusing their children, in addition to the physical risks inherent in having a baby at too early an age.

The costs to society for these children are astronomical, and a drain on our whole health care system. That's why it's important to counsel young people about prenatal care, and to advise them about the risk factors involved in having a child. That's why I urge people to think about not having children first. Then if they give it a great deal of thought and really deal with all the issues involved in not being a parent, it can lead them to a positive decision. You should ask yourself, "Do I have a lifestyle that enables me to bring a child into my life?" If you're a busy executive and you have no time, or you're an archaeologist and you're going to be traveling around the world and you can't take your child with you, don't have children. Children really belong to the world. When we become parents, we're basically saying that we'll take on the responsibility of caring for that child and meeting that child's emotional needs. But that child's life is his or her own, and you are there to care for him or her in such a way that you ultimately render yourself useless as the child achieves independence. You teach them the skills for coping so that they no longer need you, although they may *want* your continued love and support.

There's nothing wrong with being biologically childless. If you want to spend time with children you can open yourself to the possibility of borrowing your neighbor's children for the weekend. Their parents would probably be delighted to have a free weekend themselves occasionally. If you're going to go to the movies or an art gallery take these children along and look at the world through their eyes.

In your book, *My Father, My Son* you talk about the socialized roles of men in society, and how limiting those roles are. Do you see them changing?

Yes. I'd like to believe that I played some role in that, because in the 60's I was very adamant about getting fathers into the labor room and the delivery room. I was insistent about fathers attending my parenting classes. The only way I would take parents was as couples. I wrote an article for a family magazine and encouraged them to put a father holding a baby on the cover. Today we see fathers pushing baby strollers, carrying babies in slings. We see men doing commercials for diapers and showing tender loving care.

There have been tremendous changes. It's no longer considered "unmasculine" to be affectionate. More and more fathers are gaining custody of their children and doing an excellent job of parenting. It's no longer exclusively the woman's job, but rather the parents' job. I personally would love to see programs in schools that teach parenthood to junior high school students, and possibly even younger students. I did an experimental program in a junior high school in New York many years ago and it was very successful. The students really wanted to know this information.

What advice would you give to the newly-divorced parent of a thirteen-year-old of the opposite sex?

I think all parents should be involved parents, before or after a divorce. In the cases where a parent has custody of a child of the opposite gender, my advice would be to simply continue doing what you've been doing. It should not involve any new trend. I think you may have to recognize that that child may feel a little awkward in talking about sexual matters. They frequently find it more comfortable to talk to their peers or some outside person. One has to respect the child's potential for feeling that way, and I think that's where family members can use the services of some counseling and education organizations.

What do you think is the most beneficial topic for family life education programs?

The most important thing is to make it clear that being a parent is the most important job that a person can take on in life. It's a very serious commitment that has to be given a lot of thought. To convey that it's highly unfair to a child to be brought into a situation where that child is not going to have optimal conditions for growth and development. A child is very valuable. A child has very strong needs and those needs must be met. When there's weakness at the outset, the normal problems that occur later on will be even more difficult.

Another important thing is that children are individuals. Every baby is different, and every baby should be respected as an individual. Every human being needs to feel significant in the life of at least one other person. If that doesn't happen, that person will have rather serious problems – with depression, with potential suicide risk, and with drug abuse risk. I think it's important to recognize that everyone needs to have some impact on the environment. We all need to have options. Babies have to learn that they can do things to the environment, and have the environment respond in a consistent way. In practical terms, if a baby reaches for the apricots when the parent wants to feed him applesauce, I would be inclined to acknowledge the baby's wish to have the apricots and respect that individuality. That baby's not going to become demanding just because you fulfill his or her needs. There will be time later on when parents can begin to set limits. I think in terms of giving children options. Let the child have some choice.

If you start children out with the attitude that it's a dog-eat-dog world, and they can't have things the way they want, you frustrate them and intensify their anger and competitiveness. They become angry and become destructive and so on. Love is the most powerful force in this world. Love is far more important and powerful, in terms of motivating people to do things than is the threat of punishment or pain or force. You may be able to force people to do things, but you're not really having the same impact you can have in a positive way when love is a factor. Children want very much to receive the love of their parents, and I think the threat of losing the love of people who are important to them is what helps them develop a sense of morality, a sense of right and wrong. It helps them acquire the skills that their parents have. But you've got to be there with the child and love the child for that to happen. ◆

Anatomy of a Conference

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planning began for the next conference which was a two-day experience for professionals on issues of sexual abuse education, prevention, and treatment held in April 1986.

Primary responsibility for planning, organizing, finances, marketing, and seeing that the day progressed smoothly, as well as tabulating evaluations, belonged to the education coordinator. The educator assumed responsibility for ordering resources, setting up resource display tables, and dealing with money from resource sales. Staff for on-site registration, mail-in registration processing, and resource tables was provided by volunteers. A written time-line with target dates by which each detail will be completed is a necessity to ensure that something of importance does not "fall through the cracks." It is also helpful for designating which staff will be responsible for which jobs and provides a measure of accountability. The time-line was worked backward from the date of the conference to schedule optimum dates for news releases, ordering materials, invitations to cover, registration deadlines, and all other necessary planning details.

PPST continues to plan and carry out large conferences for a variety of target audiences. The most recent venture was "Are You Ready? Life Issues for Adolescents" which was attended by 198 junior and senior high school students and was a roaring success. Large conferences require large amounts of: energy, detailed planning, and *time*. It is never too soon to begin!

Pam Quattrini is Director of Education at PPST and was previously a consumer-oriented certified natural childbirth instructor. She is a member of the New York State Federation of Professional Health Educators and co-chairperson of the Task Force on Children and Families in Chemung County. For more information contact her at PPST, 180 Clemens Center Parkway, Elmira, NY 14901. ◆

Creating a Community Voice

BY JENNIFER S. SHAW

Utah PP spearheads a NFSEM celebration to meet the varied needs of families.

Utah has long taken pride in its families. Yet, as in many states, Utahns are reluctant to recognize the changing reality of family life. Overriding the need to see reality is the desire to see the family as it is "supposed to be."

Planned Parenthood Association of Utah (PPAU) has recognized that its role in helping families needs to be fluid and responsive. While agencies cannot respond to every new need by offering new services, they can help the community help itself. PPAU helps its community perceive a situation as a problem, realize that needs are unmet, and facilitate problem-solving.

Throughout its history, Planned Parenthood has adopted this approach to the issues of teenage pregnancy, childbearing, and sexuality education. The state-wide affiliate is now beginning to address broader family challenges: remarriage, single parenthood, homosexuality, teenage parenting, sexual abuse, and infertility.

NFSEM spin-off

For six years, National Family Sexuality Education Month (NFSEM) has provided an opportunity for PPAU to promote community problem-solving and dialogue. In 1980, Utah's recognition of NFSEM was orchestrated entirely by PPAU's education department. Since then, a volunteer committee representing many different aspects of the community, including PPAU, has evolved.

PPAU made a strategic decision to hand over the state's observance of NFSEM to the community, based upon the belief that a broad base of community representation, involvement, and committment is most effective in promoting community responsibility toward issues facing the family.

Today, the committee coordinating NFSEM events consists of a diverse group of parents and professionals, among them the PPAU staff and board members who volunteer their time, and who divide into subcommittees depending on their area of expertise or interest. Every fall they produce a conference designed to reach professionals and parents who are interested in learning more about family sexuality education. The committee meets every six weeks, and the planning process takes a good ten months. Funding is obtained through grants from PPAU and local foundations, as well as through donations. The workshop facilitators are local professionals who donate their time to participate in the NFSEM conference. And finally, community support is evidenced by the endorsement of this year's program by over 40 community organizations as well as by Utah's governor, Norman Bangerter.

Expanding scope

Over the years, the conference has evolved to meet the changing needs of local families. Workshops that once dealt exclusively with family sexuality education now approach a broader range of topics affecting the family. The primary goal of the annual NFSEM conference is to promote family sexuality education. An underlying goal is to encourage community members to recognize issues facing today's families as "challenges" rather than as "threats" to the traditional family unit.

During the last two years, conference workshops have been designed to address various family challenges. By offering workshops on remarriage and single parenthood, the committee hoped to help the community recognize nontraditional families in their own right and to emphasize that the economic and emotional well-being of these families is equally as important as that of the traditional nuclear family.

In a workshop entitled, "The Remarried Family: Add Children and Mix," Dr. Elliot Landau, a professor of psychiatry at the University of Utah, discussed major problems faced by each member of a remarried family and suggested ways to help both adults and children make the family work. Jim Magelby, a social worker and family therapist in private practice, addressed "Sex Education and the Single Parent" in a workshop exploring issues unique to single parenting. Among the topics discussed were parental sexuality, sexuality education for children, and the development of a family atmosphere which fosters healthy discussion about sexual issues.

More workshops

The NFSEM committee also felt that the local community needed to recognize, understand, and respond to occurrences which may threaten family stability, not only temporarily but through future generations. For this reason, workshops were sponsored on "Family Issues With Teenage Pregnancy" and "Facing Sexual Abuse." Again, the workshops were facilitated by local professionals who donated their time, energy, and expertise. Having panel discussions moderated by local television personalities lent the conference an added air of professionalism and pizzazz.

The teenage pregnancy workshops were led by Dr. Arthur B. Elster, director of the University of Utah's Department of Adolescent Medicine, and Lynn Crouch, a certified nurse midwife working with the University's Teen Mother and Child Program. These workshops addressed the following questions: 1) What problems are experienced by young

men who are partners of pregnant young women? 2) How does a teenage pregnancy affect the family of the teenage parent, as well as the family created by the birth of a child to a teenage mother?

A need was also perceived for the community to recognize the private and personal nature of decisions related to sexuality, both for oneself and for others. The NFSEM committee, by offering a workshop on homosexuality, hoped to promote understanding of those whose sexual lifestyles may differ from the majority. Subsequently, "A Closer Look at Homosexuality" utilized a lecture and discussion format to address the following issues:
1) Who are homosexual people?
2) How did they get that way?
3) What can be done to help families deal with homosexuality? Dr. Lanelle McCollum and R. Jan Stout, both psychotherapists, conducted this workshop.

Another workshop, "Infertility," with Dr. Kirtly Parker Jones, PPAU'S medical director and a professor of Obstetrics and Gynecology at the University of Utah, discussed the effect of birth control methods on future infertility and the impact of infertility on parenting and the family. With this workshop, the committee hoped to help the local community understand the importance of parenting decisions and related reproductive health concerns.

Sharing commitment

The value of Planned Parenthood of Utah's participation in NFSEM lies as much in the process as it does in the result. By being an active participant in the NFSEM committee, but not taking control over it, the affiliate is seen as a positive asset to the community, and an agency whose services are vital to the well-being of the family. The single most important ingredient for success is committment. The administration, staff,and board of PPAU perceive NFSEM as a priority, and commit time, energy, and money to the endeavor. Such support is vital.

The workshops that are offered during NFSEM help to educate the community so that in the future people will perceive the need for realistic solutions to challenges facing the contemporary family. With luck, this kind of preliminary education can help create a community voice asking for more extensive programs and services from a wide range of community organizations.

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Stressing the Family

BY LYNN BARNHARDT

Created to assist working parents, this noteworthy southern program helps families to cope.

Wife looking up from desk to husband and children, "Well, I worked out a budget . . .but one of us will have to go."

Exaggerated perhaps, but similar scenarios have occurred frequently in American homes over the past ten years. Working mothers are preserving the living standards of two-parent households, households that would have experienced substantial declines without the woman's income. Adjusted for inflation, income for two-parent families fell 3.1 percent between 1973 and 1984. If mothers had not gone to work, the loss of family income would have been three times as great, according to Representative David Obey, Chairman of the Joint Economic Commission. In a report released in May 1986, the commission projected that families would have experienced a 9.5 percent decrease in income had mothers not entered the work force.

In the United States, half of all mothers with children under three years old are employed. Seventy percent of all women with children between the ages of 6 and 13 work outside the home. Nine million women are supporting children as single parents. Mothers joining the work force at the fastest rate, however, are not single heads of households but those from traditional two- parent families with children under three.

Economic burdens

"We are asking families to do more with less," says Jim Johnson, Director of the Family Life Enrichment Center in Charlotte, North Carolina. Economic stress is not the only factor; there is also a loss of natural support systems. Mobility eliminates the support by extended family members in providing relief with childcare as well as support and guidance in the development of parenting skills. There may be no neighborhood network to be of assistance. One may not know one's neighbors. Isolation and lack of support are major contributors to family stress.

This perception is confirmed by a Boston University study which followed 651 employees at a large corporation for one year. Nearly half of the employees interviewed said that the strain of raising a family and holding down a job caused depression at work. One-third of the working parents spent part of the day worrying about their children. The study also found the average working mother at the firm spent 85 hours a week between her job, homemaking, and childcare, compared with 66 hours per week for male parents. A point to consider is how parents felt about their roles. Eighty-eight percent rated their job performance as "very high" while only 56 percent rated their parental performance as "very high." Guilt, stress, lack of time . . .these are the laments of working parents that indicate tremendous pressure. There is a need for reassurance, affirmation, and practical advice on managing the sometimes conflicting demands of working and raising a family.

The community responds

Child Care Resources (CCR) an organization founded to aid local families in the search for day care, has long taken the lead in building community awareness of the needs of working parents. Since its inception, parents in the work setting have been offered lunch seminars on choosing day care, balancing family and work, and parenting

skills. The response of the business community has been limited. Margie Warlick, a CCR staff member, states that issues of work and family are just coming to the forefront in this area of the country. Interest has increased since recent *Charlotte Observer* articles. In addition to the seminars, Child Care Resources has reactivated a support group at at a local and is launching "Working Family Newsletter" to inform the community of available resources. Support groups have been founded by several other organizations.

"There is a need for reassurance, affirmation, and practical advice on managing the sometimes conflicting demands of working and raising a family."

An established program model

Patterns For Healthy Families is a series of family life education workshops which focus on six strengths common to healthy families. Developed by the Family Life Enrichment Center, a branch of Family and Children's Services in Charlotte, North Carolina, the program is supported exclusively by United Way. Designed to enhance the family's ability to cope, the major objective is to help families identify strengths, to find what *is* working and celebrate it; then identify areas in which to grow. Jim Johnson, director of the program, states that it is important to help people be realistic in their expectations of themselves and their family. A very practical aspect of the program is discussion of the use of time. "Many families are scheduled from here to there," says Jim. Focus is given to how to decide what to say yes to and what to say no to. Building in time for communication is also addressed. If a family is clever, advises Jim, communication happens around the tasks the family has to accomplish.

The introductory session examines the shape and structure of today's family, exploring the disparity between our image of the ideal family and real families, and including the stress real families face every day. The sessions that follow address communication and listening; sharing and responsibility; affirming, supporting, and respecting others; playing and laughing together; sharing values; and recognizing and dealing with stress. The number and length of each session is determined by the contracting groups.

Despite the statistics, the staff of the Family Life Enrichment Center feels the American family is basically strong and healthier than generally credited. Of course there are problems, but the good news is the things that seem to make for a healthy family have a lot to do with how people relate to each other, and family members *can* learn new ways of relating.

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Stepping In

BY BUD MORAVETZ

With skills development as its core, this exciting national program enables stepfamilies to adjust to their new relationships.

A family with two parents and two children – once considered a typical American family – is rapidly being replaced by new family structures evolving from remarkable changes in today's patterns of marriage and divorce. Consider the following: Of today's marriages, 50 percent end in divorce; 75-80 percent of divorced persons remarry; over 60 percent of those remarrying bring children to the new family; 57 percent of remarriages end in divorce; children born today have a 45 percent chance of living in a single parent family, stepfamily, or both; 1,300 new stepfamilies are formed every day; by 1990, stepfamilies and single parent families combined will outnumber the traditional nuclear family.

Samuel Johnson once said, "Remarriage is the triumph of hope over experience." These statistics suggest that this is true. But if the new family unit is to succeed, hope is not enough. Elizabeth Einstein – a stepchild herself and twice a stepmother – recognized the hazards of surviving in a stepfamily. Yet from her research and writing about stepfamilies she knows it can be done.

Prerequisite is a willingness to accept the change and confusion that accompany the development of most stepfamilies, to acknowledge that stepfamilies differ from traditional families, and to acquire the necessary skills to put that understanding to work. Too much is at stake to leave the acquisition of skills to chance; stepparents need training.

Linda Albert, a former counselor, teacher, and author of several books about effective parenting, shared Ms. Einstein's concern for stepfamilies. From her experience, she realized that while many solid educational programs for parents were available, they did not address the unique problems of the stepfamily. So in 1984, Albert and Einstein joined forces to create a training program that would meet stepfamilies' specific needs.

They approached American Guidance Service (AGS), a publisher with broad experience in providing parent training, and together developed *Strengthening Stepfamilies,* a five-session group discussion program designed to help stepparents understand and nurture their new family.

An important feature of the group discussion format is the support stepparents receive from others who share the same challenges. Group discussion allows stepparents to learn how others have dealt with similar difficulties. They learn that their problems are not unique, and that they are not alone in struggling to make their stepfamilies work.

Program basis

The core of the program is *Strengthening Your Stepfamily,* the stepparents' text. It becomes the at-home guide for each participant, as well as the basis for much of the group discussion sessions. The five chapters focus on topics crucial to stepparents: Understanding the Pitfalls and Potential of Stepfamily Living, Strengthening the Couple Relationship, Creating Effective Roles and Relationships, The Stepchild's Dilemmas, and The Stepfamily's Journey.

Albert and Einstein agree that it isn't enough to point out the problems inherent in stepfamily living. Stepparents also need to know the opportunities it affords – opportunities often overlooked in the media. With this in mind, the authors help stepparents take advantage of the benefits in the following ways:

* debunking the myth of "instant love" and examining unrealistic expectations;
* establishing what makes stepfamilies unique, and pointing out the benefits inherent to stepfamily living;

* showing the couple relationship as the cornerstone for building the stepfamily – in resolving conflict, putting to rest unfinished emotional business with parents and former spouses, and intelligently addressing the issue of having an "ours" baby;
* providing the tools of successful stepparenting – building trust, dealing with guilt, discipline, and sexuality issues;
* providing common sense help in understanding the dilemmas faced by stepsiblings, changing schools, living in two different locations, adapting to two sets of rules, dealing with anger, guilt, and fear resulting from the loss of a parent;
* interacting with grandparents and stepgrandparents;
* cooperating with a nonresidential parent.

Strengthening Your Stepfamily also teaches skills important to all families: improved communication techniques; how to encourage other stepfamily members; a step-by-step conflict resolution process; and how to structure family meetings to iron out disagreements, build more understanding among stepfamily members, and make plans for the future.

Activities

From their research and counseling, the authors know that one basic issue in stepfamilies is the absence of a common history. They address this problem with the *Encouragement Packet,* a set of 30-activity cards to be used by the entire family at home. The activities help stepfamily members get to know each other better, enhance open and honest communication, and provide the opportunity for just having fun together. They are sequenced to move progressively from non-threatening exercises that build communication, toward resolving difficult stepfamily issues.

One activity, for example, helps stepfamily members get better acquainted by list sharing. Each person lists preferences about topics such as "Things I like to do," "Music I like to listen to," "Foods I like to eat," and so on. Another card, on the opposite continuum of difficulty, suggests that stepfamilies establish a "gripe pot," where individuals can anonymously place written gripes. Periodically, the "gripe pot" is emptied and the complaints are aired and discussed.

Each card states the activity's goal and purpose, lists necessary materials, presents simple directions

and helpful hints, and suggests related activities. Procedures and types of activities vary, so that any stepfamily can choose those particularly suited to ages, interests, and needs. Many activities require very little time and can be done at the dinner table or even in the car. Others call for a block of time. The activities suggested in the Encouragement Packet could keep a stepfamily occupied for well over a year.

Program leadership

The key to a quality discussion program is the group leader, and the materials have been designed so that one need not be an "expert" about stepfamily living to lead the program. The leader's role is that of a facilitator. Anyone who is interested in working with adults and is capable of leading discussion can lead the program.

The program provides a substantial body of materials and tips to help the leader conduct the sessions successfully. They include a Leader's Guide; audiocassettes featuring vignettes of interactions between stepfamily members that leaders can use to stimulate and focus discussion; blackline masters of session activities; publicity aids to invite participants to the group; and other materials – such as posters – to add vitality to the sessions.

Current leaders include leaders of parenting programs at schools and community centers; counselors in social service and mental health agency programs; marriage and family counselors and therapists, instructors of premarital, remarriage, stepfamily, and family life classes at churches and synagogues; and counselors and chaplains in military settings. The publisher offers leadership training at regular intervals, for those who feel more comfortable learning to lead the program in this way.

In addition to detailed outlines for conducting the sessions, the Leader's Guide provides general help for organizing discussion groups. It also suggests alternative formats for the program – as a weekly discussion program of five one-and-one-half to three-hour sessions, as an intensive weekend experience, or as a focus for a retreat over several days. *Strengthening Stepfamilies* also meshes well with other parenting programs published by American Guidance Service, such as *Systematic Training for Effective Parenting* (STEP and STEP/Teen), and *Training in Marriage Enrichment* (TIME).

How difficult is the process of building a stepfamily? The program's authors summarize the stepfamily's journey in this way:

"During your stepfamily's difficult early development, faith in its potential needs to be unwavering. Although information and skills are essential, you must also trust in the process of becoming a stepfamily.

"This process takes a long time; how long depends on the amount of energy you put into it. To work through the stages toward commitment takes most stepfamilies several years. Many get bogged down in the early stages and need help and support to move out of the confusion and crazy time. But once they accomplish this and a family commitment is made, many stepfamily members describe feelings akin to the exhilaration of having scaled a mountain. They conquered the roots and rocks, weathered the storms, and finally stood together at the summit – proud of themselves for having had the character and perseverance to reach their goal."

Bud Moravetz is the editor of Effective Parenting, a newsletter for leaders and sponsors of parent training. The complete *Strengthening Stepfamilies* program costs $69.00. For more information, write American Guidance Service, 2045 Publishers' Building, Circle Pines, MN 55014-1796. ◆

Lograremos

BY LUCAS STANG

Reducing the barriers to family planning services for Hispanic families is the focus of this California program.

Although family planning agencies have successfully met the reproductive health needs of millions of American families, research and experience show that many people still lack information about contraception and access to family planning centers.

The unserved are generally poor, living 100 to 200 percent below the poverty level. Most have little or no formal education, and many are isolated further from mainstream American culture by linguistic and cultural differences. These factors, combined with a lack of knowledge about family planning, produce a high rate of unplanned pregnancies, abortions, and unwanted births.

Family planning professionals must design innovative programs which will overcome these barriers to service. The challenge is to develop programs which will reach out in ways that are sensitive to the needs of each individual, consider cultural and personal values, promote communication between men and women, and supply current, accurate information on birth planning in a variety of settings.

Special initiative

The Lograremos Project, developed by Planned Parenthood of Santa Cruz County (PPSCC), and funded by a grant from the California State Office of Family Planning (OFP), is the successful educational component of this affiliate's multivariant program working with Hispanic men and women in the city of Watsonville.

Since 1979 PPSCC has operated a satellite clinic in this city of 27,718 people in south Santa Cruz County. Fifty-two percent of the population is of Hispanic origin. The 1980 census statistics reveal an Hispanic female population of approximately 4,700 women between the ages of 14 and 45. The numbers increase dramatically in the summer months when migrant farm workers (estimated between 4,000 and 5,000) come to Watsonville to work in the area's main industry, agriculture. Of the total Hispanic female population, an estimated 6,000 women are in need of subsidized family planning services, yet very few were being seen in the PPSCC clinic.

In 1978, Stanford University published a study of family planning practices among low-income Hispanic women in Watsonville. The research identified five barriers to effective contraceptive use: 1) the relative unacceptability of existing contraceptive methods (mainly the pill and IUD) in terms of perceived side-effects; 2) lack of awareness-knowledge and how-to knowledge about family planning methods; 3) negative attitudes toward providers of family planning services in the community; 4) religious and cultural resistance to family planning; and 5) the resistance of Hispanic males to contraception.

Overcoming obstacles

Obviously, education was vital if PPSCC was to overcome these barriers to effective service. The Lograremos Project is designed to increase the acceptability and accessibility among Hispanic men and women toward family planning information and services. Based on the recommendations of the Stanford research team, the program includes mass media messages about contraceptive services and where to obtain them, one-to-one outreach, educational presentations to Hispanic men's, women's and student's groups, peer resource training, and building alliances with other local social service providers.

Most important, the project works with, not against, the norms of local Hispanic culture. Male and female educators, who are bilingual/bicultural, of Mexican descent, and indigenous to the Watsonville area, have developed *confianza,* or trust, mutual and reciprocating support. The exchange allows the staff to work within the *compadre/amigo* system of communication in the community and enhances the agency's credibility with the families it seeks to serve.

Successful ingredient

The key element in the success of the project has been the focus on male involvement and testing the assumption of Hispanic men's resistance to family planning. Traditional programs have been directed exclusively toward women, and men have received very little information about contraception. Male reproductive health care has generally been unavailable. These attitudes and practices have ignored the role of the male within the Hispanic family and thus proved a barrier to family planning efforts with Hispanic women.

Female-centered programs have assumed that Hispanic men have no desire to limit their family size or take an active role in the contraceptive decision-making process. PPSCC's experience suggests these assumptions are false.

First, Hispanic males are not opposed to birth control, but many discourage their partners from using contraceptives because they worry about harmful side-effects such as cancer. They lack accurate, current information on methods.

Second, men do express a desire to control the number of children so that they can provide adequate financial and emotional support for their families. They are eager to receive how-to information to accomplish this goal.

Third, Lograremos recognizes the growing trend toward joint decision-making among Mexican-American couples. This movement is apparent despite the conflict with traditional values of male dominance. When asked, "Who should be responsible for using contraceptives?" 82 percent of the Hispanic men polled answered that both the man and woman are responsible. Men want to develop better communication with their wives and partners so the couple can come to an informed decision about family planning together.

Having established strong community support and cooperation, the staff faced two major obstacles to successfully implementing the program: there were few culturally and linguistically appropriate educational materials and no adequate evaluation method to "fine tune" the project's efforts.

Limited resources

The search for written and audio-visual tools illustrated some frustrating problems. Pamphlets, when they could be located in Spanish, seemed designed for nonexistent "generic Hispanics." Often these materials were literal translations from English into Spanish which failed to recognize cultural and regional differences. For example, brochures produced in New York for use with urban Hispanics of Puerto Rican descent were rejected by Watsonville's

rural Mexican population. The staff, with the help of a local advisory committee, developed a series of pamphlets and workshop materials specifically for the project.

Due to the extremely low literacy of many Hispanics within the project's service area, broadcast media assumed a significant role in outreach and education. Again, appropriate materials were unavailable. OFP funded the production of radio and television messages and a 30-minute video to introduce Hispanic men and women to family planning and Planned Parenthood's services. Unfortunately, political pressures halted completion of the video when a conservative state administration failed to provide script approval.

Although the Lograremos Project made a good start, materials continue to impede the progress of this and other innovative programs. Media development must be given high priority if family planners are serious about meeting the needs of unserved minority populations.

Lastly, evaluation procedures must be refined to truly reflect any changes in knowledge and behavior. Traditional pre- and post-tests do not work with participants who have low reading and writing skills. Although the project staff has struggled to develop effective tools, the results have not been an unqualified success. The agency has many indirect indications of program impact, such as more Hispanic clinic clients, but no unequivocal documentation. Evaluation is a critical area for future work.

Future need

Funding for the Lograremos Project will expire at the end of this fiscal year. It is now time for other family planning professionals to take up the challenge and build on the lessons learned over the past four years. Adapt the methodology and philosophy of Lograremos to their local communities by using the following guidelines:

* Honestly assess the needs of the group you wish to serve, taking into consideration the limitations and strengths of the population;
* Hire staff that reflect the cultural and linguistic diversity of your area;
* Identify and work with natural leaders from within your target group;
* Network with other community organizations: go to where the people are;
* Give special attention to the male role in family planning: reach out to the couple;
* Develop and use materials that are sensitive to the concerns, abilities, and culture of your audience;
* Combine personal outreach with mass media education and promotion;
* Plan for both peer and professional training; and
* Experiment to find evaluation methods which allow you to improve program delivery and document impact.

Finally, share what you learn in the family planning literature and make your training materials and advertising available to others. We can reach our goal of making birth planning information and services available to all who want and need them.

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Talking Trends

BY CLAUDIA WISNEFSKI & DAWN CABALLERO

The personal and professional experience of PP Wisconsin educators contributes meaningfully to this program for changing families.

"One out of four households with children is headed by a single parent – and by 1990 the figure could double. The impact on society is only now being measured, but the trend is already redefining our concept of the all-American family."

This quote was taken from a July, 1985 Newsweek article entitled "Playing Both Mother and Father." Newsweek is not the only national publication addressing the issue of the changing American family. Ms. Magazine devoted an entire issue to "The Blended Family." ABC network recently aired a three-hour program, during prime-time, exploring the impact of "The Sexual Revolution" on women and the American family. American families are changing in response to our changing social and economic environment. The single-parent family (primarily headed by a woman), the two-parent working family and the blended family have changed the character of the "typical" all-American family. How family planning professionals and sexuality educators respond to these changes has major implications to their effectiveness and ability to meet the needs of their communities.

The statistics speak loud and clear to the importance of this issue: one out of every two marriages is ending in divorce. Experts predict that nearly 50 percent of all children born in the 1980s will live in single-parent households at least for part of their childhood. Also, blended families, traditionally called step-families, are now becoming a major form of the new American family structure. The basic needs of the family remain the same – security, trust, intimacy, and love – yet how these needs are met may be different. There are special needs in the area of communication, especially about sexuality and intimacy, that must be addressed by the new family. Family members, especially parents, are asking for assistance and support, as well as information, in their changing roles. How can these challenges be met?

Meeting the need

Planned Parenthood of Wisconsin (PPW) has been looking at ways to serve these changing families for quite some time. Planned Parenthood staff are not immune to the trends, of course. Some staff members have personally experienced the difficulties and growing pains of altering their families. In response, the Education and Training Department of PPW has designed programs sensitive to the needs of families in a rapidly changing world.

By 1984, PPW's Training Institute was privately contracting with professional agencies who serve youth. The first program was called "Adolescents in Changing Families." It was conducted by Kathy Block, the Training Institute Manager. The goals of the program were as follows: to describe the dynamics of a changing family; to explore the effects of change on developing self- esteem; to examine the effects of altered self-esteem on sexual decision-making; and to identify a communication model appropriate for use with adolescents in changing families.

The Community Education Department of PPW has also been exploring ways to meet the needs of the changing family structure. For the past several years, their most popular programs have been the traditional "Facts of Life: Getting the Conversation Going." These programs are geared toward pre-adolescent daughters and their mothers, and to sons and their fathers. More and more parents have begun to recognize the importance of their role as the primary sexuality educators of their children. Perhaps a sense of urgency about the teen pregnancy issue has stimulated assertive action on the

part of parents in this role. Parents want PPW to assist them in opening the lines of communication about sexuality as well as to equip them with accurate information to share with their children. The changes in American society and their impact on the family have also contributed to a sense of urgency. Single parents are finding that they need to break down the barriers of traditional sex roles in order to talk to their children of the opposite sex about the sensitive topic of sexuality.

Parents are now requesting programs for mothers and sons and for fathers and daughters. PPW is also providing education for homosexual parents and their children. They are asking for information about puberty, reproduction, and sexuality in general: they want skills to communicate this information, and support in building open and intimate relationships within their families.

A personal account

The following is the story of how one PPW Community Educator, Dawn Caballero, blended her personal and professional life to meet not only her own family's needs but also those of similar families in the community.

"I am enjoying the single parent family experience and my son and I are doing very well. In my experience, society has become very accepting of single parent families and blended families. The problems I have encountered as a single parent in fact have little to do with how society views my marital status The problems have been related mostly to the fact that I, as a female, have not been well equipped to deal with the male experiences of my growing son. I am convinced that other single mothers raising sons, as well as single fathers raising daughters, are facing the same uncertainty, frustration and discomfort.

"When I began working at PPW as a community educator in December of 1985, my son was nine. Until that time I had done a pretty poor job of dealing with my son's sexuality. I was quite unprepared to handle serious questions about masturbation, homosexuality, intercourse, or conception. When he was very young, I tried to deal with the early sex-related incidents and questions in a simple, straightforward manner, but it wasn't easy. I recall in vivid detail the evening many years ago when my little boy came out of his bedroom to say goodnight to a roomful of company. He smiled proudly and pointed to the erection that was evident under his pajamas. To my horror and my guests' amusement he announced, 'Look, Mom! It growed!'

"As he got older, there were fewer disconcerting situations, and he asked fewer embarrassing questions, for which I was very grateful.

"When he was eight, however, I noticed that he was very interested in sexy women on television. I also noticed that he was uncomfortable when I spoke with him about it; but he wasn't talking, and that was that. I knew I was in trouble. I had waited too long. I had no idea about how to begin talking with my son about sex. Somehow, I had to get past the embarrassment we both felt, and I had to talk with him about his feelings and about his changing body – about the deep, dark mysteries of puberty.

"I felt helpless. I had no adult males to turn to for guidance. There was no one I really trusted enough, and, after all, he is my son, and his sexuality was too important to just turn over to someone else.

Learning together

"It was at this point that I began working at Planned Parenthood. Newfound knowledge and confidence were mine as I read through parent/child curricula and observed some of the education programs. I soon found a teachable moment, and my son and I had a giggly, serious, embarrassing, and wonderful talk about everything he wanted to know and everything I wanted to tell him. The first time was the toughest, but it holds the sweetest memories for me. My son and I gained a new respect for each other. We now have a much more open and trusting relationship in which my son feels free to ask me anything anytime. If he hears stories at school, he checks them out with me. No topic is off limits.

"As I related my single parent experiences to other PPW educators, we became more and more convinced that new programs should be offered to the community to meet what we suspected were great and growing needs. In addition to our already successful "mother and daughter" workshops, our fall calendar included "mother and son" and "father and son" workshops. Their popularity was evident the day after a short newspaper article described the workshops. Registrations poured in, and

three separate mother and son workshops were set up.

"I have facilitated two of the "mother and son" workshops, and both were a challenge. In spite of the experiences I had had talking with my son about the mechanics and feelings involved in puberty, I was affected by the intense discomfort of mothers and sons in both groups. Nervous, but not beaten, I moved them from a brainstorming activity about puberty to a description of male and female anatomy and physiology. I found that including discussions about the differences and similarities between males and females – how they change during puberty – provided the mothers with an opportunity to share their experiences with their sons. The sons were able to provide their mothers with insight into growth and development from a male perspective.

"Mid-way through the workshop, we were all feeling more at ease. They had loosened up enough to laugh during the film "Am I Normal?" And their discussion of the movie afterward revealed much greater comfort with the same material that had caused them great embarrassment one hour earlier.

Satisfaction

"Facilitating ongoing communication between parents and children was the primary intention of the workshop. The final activity, mother and son interviews, was greatly appreciated by the mothers. It encouraged them to continue talking with their sons after the workshop was over.

"As for me, the most gratifying moments came at the end of the sessions when some of the mothers stayed to shake my hand and thank me for making some very meaningful communication possible between them and their sons."

PPW staff hopes this article has offered insights for other professionals, as they look at serving the needs of the largest growing family unit: single-parent families headed by women. This fall the agency will publish a curriculum on sexuality and the single parent. PPW believes that the true sexual revolution is that of sexuality education. If information – and therefore education – is power, then it follows that sexuality education is one of the key factors to the reproductive rights of all – including the changing American family.

Claudia S. Wisnefski, RN, is currently the Community Education Manager for PPW. She has been involved in health education since 1980 and has specialized in women's health and wellness. Dawn Caballero is a community educator and coordinator of the Teen Peer Educator Program. Before coming to PPW, she worked with at-risk youth in alternative high school programs for five years. For more information contact them at: Planned Parenthood of Wisconsin, Inc., 744 North Fourth Street, 444, Milwaukee, WI 53203. ◆

Home and School: A Healthy Combination

BY DAWN KLEINMAN

Three special models for parental involvement are cited in this article about school-based clinics.

Comprehensive school-based health clinics are a promising approach to improving adolescent health and addressing teenage pregnancy. Approved by local school boards, the clinics are dedicated to providing adolescents with a variety of services, including athletic physicals, general health assessments, laboratory and diagnostic screenings, immunizations, family planning counseling or services, and drug and alcohol abuse programs. A number address nonmedical issues, such as school dropout, day care, and family counseling. The clinics provide services for families in which the parents are teenagers, and for families in which parents are involved in their teenager's relationship to the clinic.

Approximately 75 clinics are currently in operation in 20 states. In a summer 1986 survey conducted by the Support Center for School-Based Clinics/CPO, it was found that, of the 61 clinics that existed at that time: all provided family planning counseling, 52 prescribed for contraceptives, 28 dispensed contraceptives, and 20 referred students to family planning agencies for contraceptive services.

The Support Center for School-Based Clinics was formed in April 1985 by the Center for Population Options (CPO), a nonprofit organization focused on the prevention of unintended teenage pregnancy. CPO's support center serves as a national resource for school-based clinics by increasing communication among clinic practitioners, providing policy analysis and evaluation strategies, assisting program staff, and providing technical and professional services to developing sites.

Parental involvement

A criticism made frequently by detractors of school-based clinics is that the clinics undermine parental authority. The reality is quite different. Many school-based clinics actively involve parents in their children's health care and can help parents and children get reacquainted after several years of noncommunication.

Parental involvement takes many different forms and occurs at different times during a child's association with a clinic. At all clinics a signed parental consent form is required before a child can receive care. After this initial clinic-parent contact, clinics and related programs involve parents in a variety of ways including parent advisory boards, parent liaisons, parent-child activities and counseling, workshops, meetings, home visitations, and clinic tours and open-houses.

Why involve parents?

Improved adolescent health requires parental involvement. School-based clinics involve parents because they are better able to address student health needs by working with parents.

Being involved also gives parents a better understanding of clinics and their programs. Parents see that their children receive quality care. In addition, involvement often makes parents strong supporters of clinics and of programs that support adolescent health care.

When clinics involve them, parents usually develop a heightened interest in the health care needs of their children and an increased awareness of adolescent health problems. Parental knowledge of teen health issues can lead to healthier students which, after all, is what school-based clinics are all about.

Consent forms

The first contact most parents have with clinics occurs when they sign a parental consent form. A typical SBC consent form consists of a brief and thorough description of the clinic program, a comprehensive listing of available services, the name and number of someone to contact for more information, and a space for a parent's signature. While most clinics seek consent for overall program participation, a few ask consent for individual services. Most clinics allow the students to take the form home and later return it to the clinic if a parent has given their consent.

Some school-based clinics require that the parent come to the clinic in order to sign the consent form. This enables clinic staff to meet the parents and answer parents' questions and concerns about the clinic. Clinic staff can use this time to ask parents about their children's early health history.

Getting parental consent before a child uses a clinic is in keeping with normal school policy. Consent is typically required for a wide range of school activities including field trips and extracurricular activities. Parental consent is also required for general medical care in most states (12 now allow minors' consent). For special health needs, such as family planning, STD treatment, and prenatal care, the majority of states allow minors to consent for their own treatment (see the accompanying chart).

Does parental consent for SBC program participation break the important confidentiality between a doctor and adolescent patient? It does not. Forms are signed for the purpose of enabling the adolescent to participate in a potentially broad range of health services. The adolescent may or may not take advantage of those services. Parents are, of course, notified of serious illness, and students are encouraged to talk to their parents about all of their health problems.

Parental consent is the first contact parents have with clinics and it gets them involved in only a limited way. Existing clinics and programs have involved parents more deeply with their child's health care. Three exemplary programs are in Houston, Kansas City, and Chicago.

Involving Houston Parents

The Fifth Ward Enrichment Program (FWEP) is a special program designed to keep at-risk boys from becoming dropouts, juvenile offenders or teenage fathers. A major component of the FWEP is direct parental involvement. Parents are an integral part of the program because they are considered one of two major influences in a boy's development – the other being his school. Program coordinator Ernest McMillan says that "without parents, you're working on a pipe dream to change these boys' lives."

The program, part of the Houston Urban Affairs Corporation, began in 1984 as a response to the relative lack of male involvement in family planning at the Urban Affairs Corporation's school-based health clinic. Today, the clinic and FWEP work together and share resources. Boys have access to clinic services and participate in its health education programs. Clinic staff refer boys who they feel could benefit from the Enrichment Program.

At the beginning of the year-long program, parents are asked to sign a statement of support acknowledging that, to the best of their abilities, they will participate in the program's scheduled activities and stay in touch. According to McMillan, from the very beginning parents are told that the purpose of the program is not babysitting. Parents are not expected "to dump their kids on us – they have to share the responsibility."

Five child/parent activities are on the program's calendar each year. At these social events there are contests, awards and food. All of the activities are designed to be fun, interesting and constructive.

Sometimes at the gatherings parents and children do skits together designed to open communication. Both parent and child are given cards on which a possible family problem is written. They then must act out the scene on stage using dialogue and responses they feel are appropriate. In one skit the child has saved $90 for a new bicycle and his mother comes to him and says she needs the money to pay the rent. In another skit, the boy has lost a valuable ring and must tell his mother.

"All exercises build communication. For the community to change and improve, we need an atmosphere of communication and common experience between child and parent," explains McMillan. This is the reason that at the gatherings, in addition to the games, parents and children spend 15 minutes alone. They must emerge knowing something about the other that they did not before.

As part of their effort to improve the boys' lives, McMillan and his all-male staff also help the adults become more effective parents. Beyond the five scheduled gatherings, the FWEP includes a monthly home visitation, monthly parents' workshops, and parent support groups.

In the support groups there are both educational and social activities. The two reinforce each other. Parents learn and do different things to feel better about themselves and their relationships with their children. According to McMillan, people in the groups, "change themselves instead of just putting new information away on a shelf." One group organized an exercise class which increased the parents' self-esteem and created a sense of camaraderie.

The staff reaches out to the parents, helping them with problems, such as employment or legal needs. They try to win their trust and respect, eventually gaining their friendship. McMillan explained that he and his co-staffers are not school personnel nor social workers and are not seen as such; they are men in the community whose dedication and skills offer help.

Ernest McMillan describes the Fifth Ward Enrichment Program as "a program about being a responsible being." He and the staff realize that children must have the active support of their families if they are to greatly improve their lives. Through his innovative program, parents participate in their children's development and change along with them.

Kansas City kids and parents

For a clinic to succeed it must make parents feel comfortable with its presence. That is why the Adolescent Resources Corporation in Kansas City, Missouri, makes an "ongoing attempt to involve parents in a way so as not to violate patient confidentiality," according to Jennifer Hill-Young, Associate Director of School-Based Clinic Programs.

To encourage parental involvement, parents are included on the clinic's Community Advisory Board. They are also invited to tour the corporation's three clinics and attend open houses. In addition, clinic staffers make an effort to involve parents in their children's health care.

The Community Advisory Board of each clinic sets policy and decides what services will be offered. It has 10-15 members, chosen from the principal's recommendations of parents, community members, school staff and faculty. Board involvement varies but is usually highest in a clinic's first year of operation when members monitor the clinic very closely.

The community advisory boards, tours, open houses, community meeting attendance, medical conferences, and social work are all part of the Adolescent Resources Corporation's effort to actively encourage parents to be more involved with their children's health care.

Chicago clinic cooperation

"This has been the best year of my life. I've succeeded in life if I've helped even one or two children," says Brenda Holmes, parent liaison and clinic assistant at DuSable High School's clinic.

Holmes is not alone in her clinical involvement. Many DuSable parents have been active in the clinic. Some have come to the clinic out of their own curiosity or concern, while others get involved through DuSable's organized efforts. DuSable's programs to bring parents into the clinic include an in-person consent form, open houses, a parent liaison, and a parental advisory board.

Before a DuSable student can use the health clinic a parent must visit the facility. The parent and child must come down to the school together and sign a consent form in front of a staff member. The school board passed this regulation so that parents would know exactly what occurred at the clinic.

The clinic also has an "open door" policy which allows parents to visit whenever they want. According to nurse practitioner Louise McCurry, the clinic had at least one parent visit every day of the school year. Parents come in to tour the clinic and see exactly what goes on. Sometimes after a tour, parents offer to volunteer time.

Often parents come to the clinic when their child has an examination. Parents fill out a student's medical history and can talk to the doctor about medical care or problems.

So far, the three Kansas City clinics have received a positive response from parents. Hill-Young believes that the parents trust the clinic and thus want to be involved. She believes that the clinics must respect parental wishes and try to get parents involved. She explains, "It's not my kid and it's the root of arrogance to say I know better."

An example of successful parental and community involvement is the inception of family planning services at Kansas City's first clinic. At first the parents decided they did not want family planning services offered. The clinic followed the board's wishes and did not offer such services. When the board saw that the clinic had honored its decision and saw that the clinic addressed a child's total health needs, they voted to include family planning the following year.

Parental involvement goes beyond board membership. At the beginning of the school year every parent is sent a letter inviting them to see the clinic. Speakers from the clinic also go to PTA meetings, community meetings, festivals, and community centers. Clinic staffers attend freshman orientation to introduce the clinic to parents of incoming students. Hill-Young says that responsibility to involve parents lies with the clinics and her clinics make a "big push" to involve the parents.

Sometimes a mother or father calls the clinic directly to request services for their children. If a student must be referred outside the clinic, staffers contact the parents and work out the details of the visit. For example, they find out what kind of medical care the parents can afford and if they can transport their child to receive care.

The clinics also try to improve communication between student and parent. Each clinic has a social worker on staff who can give emotional counseling to student and/or parents. The social worker guides the student to each new level of counseling with the goal of encouraging students to talk with their parents. Sometimes joint counseling is arranged.

States and Minor's Consent*

In 12 states minors* have the right to consent to their own medical care:

Alabama
Arkansas
Louisiana
Massachusetts

hio
hode Island
outh Carolina
/ashington (state)

Thirty-three

Alabama
Alaska
Arkansas
California
Colorado
Delaware
D.C.
Florida
Georgia
Hawaii
Idaho

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*State laws do vary considerably, however (e.g., the definition/age of a minor).

Many parents have gotten involved in the clinic while visiting it with a sick student. The clinic, in fact, provides an environment where parent and child can come to talk things over. McCurry believes that at the clinic "we teach people how to talk to kids, not at them. We teach people how to be better communicators."

One DuSable parent even works at the clinic. As mentioned before, Brenda Holmes serves as the parent liaison. Holmes keeps parents aware of clinic programs and up-to-date on clinic happenings. She speaks at meetings at the school twice a month and speaks at one meeting a month at a housing project, where she and many other DuSable families live.

Getting parents involved in the clinic has not been a problem. According to Holmes, "Reaction has been positive. The neighborhood has such poor health facilities that parents feel this is wonderful. They're glad to be a part of it."

Press scrutiny of the clinic has also encouraged parents to ge involved. Because they believe in the clinic, they have been active – in the clinic itself and against its opponents.

Some of the most active parents form the Parental Advisory Board. If the clinic wants to sponsor a new program the Board is called in to give its opinion. The Board has regular meetings where members voice their concerns and their feelings about the clinic.

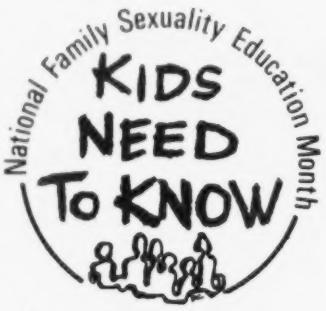
In Chicago, Kansas City, and Houston, parents have been heavily involved in their clinics and related programs. Each of the programs facilitates this involvement. In their mission to improve adolescent health, all three use a team effort – involving doctors, nurses, educators, social workers, clerical staff, and parents.

Dawn Kleinman is a program assistant at CPO. For more information on school-based clinics, contact: Support Center/CPO, 1012 14th Street, Suite 1200, Washington, DC 20005. ◆

NFSEM News

National Family Sexuality Education Month (NFSEM) is the yearly observance that highlights educational programs for families. A broad range of NFSEM activities are organized in communities around the country to support parents in their role as the primary sexuality educators of their children. At the national level, a coalition of organizations give their names and their support to this endeavor, promoting NFSEM in their newsletters and programs. In 1986, thirty-two organizations participated in the national coalition that observed National Family Sexuality Education Month. Several other groups have signed on for this year already, as the coalition continues to grow and develop.

According to data collected from Planned Parenthood affiliates last fall, eighty-five affiliates worked in coalition with other community organizations that ranged from libraries and bookstores to schools, churches and synagogues; from Girls Clubs and Camp Fire to the PTA. Sixty percent of these affiliates worked with their local libraries; 32% with religious organizations; 25% with pregnancy prevention organizations; and 20% with YWCA's. Over 200,000 individuals were contacted directly in 1986 through NFSEM activities that ranged from workshops and conferences to film festivals and health fairs. Hundreds of thousands more Americans were reached via the media. Public service announcements featuring Jane Curtin and Renee Estevez aired on national television, and 68 affiliates reported that they worked with their local media to publicize NFSEM in newspaper articles, television and radio shows, and advertising. Expressive of the widening acceptance of Planned Parenthood's leading role in promoting family communication is the fact that governors in ten states signed proclamations last year in support of NFSEM. Sixteen communities in other states officially recognized the month with city and/or county proclamations.



This year, the Education Department at PPFA will produce a pocket folder for affiliates and coalition members to enclose whatever materials they choose. Individual agencies can tailor NFSEM materials to a particular audience, using appropriate pamphlets, brochures, news releases, and letters which they can present as a "NFSEM Packet" for parents, teens or the media. Affiliates are welcome to use whatever theme they feel is appropriate for their programs and their community – including any theme used in previous years. PPFA's Education Department is encouraging affiliates and other agencies to consider the importance of community coalitions to bring the message to parents that they can be highly effective as their children's sexuality educators. ◆

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